## 110000097605

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## **COVER LETTER**

Division of Corporations	
SUBJECT: Phenix Specialty Films, LLC	c
	mited Liability Company)
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Kelly Neal	
(Contact Person)	
Phenix Specialty Films, LLC	
(Firm/Company)	
8302 Cadet Drive	
(Address)	<del></del>
Oak Ridge, NC 27310	
(City/State and Zip Code)	
For further information concerning this mat	tter, please call:
Kelly Neal	336 499-2039
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable ☐ \$25 Filing Fee	to the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as nix Specialty Films, LLC	it appears on the record	s of the Florida Department
2. The Florida doc L0000097605	ument/registration number as	ssigned to this limited li	ability company is:
3. The date this me	ember/manager withdrew/res	igned or will withdraw/	resign is:
	ing Jame of Person Resigning)		
(Print )	lame of Person Resigning)		
	an, Shareholder		
<del></del>	(Print Title)		
of this limited lia resignation in w	ability company and affirm the	ne limited liability compa	any has been notified of my
Signature of O	issociating Member or Resig	ming Manager	AFEC AFE
	\$25.00 (Required) \$30.00 (Optional)		LED TARY OF STATI